

REPUBLIC OF THE PHILIPPINES BC-CSC FORM NO. 1 (POSITION DESCRIPTION FORM)		1. NAME OF EMPLOYEE YCONG HELMAR G. (FAMILY NAME) (GIVEN NAME) (MI)																						
2. DEPT./CORP. OR AGENCY/LOCAL GOV'T.		3. BUREAU OR OFFICE COLLEGE OF EDUCATION																						
4. DEPT./BRANCH/DIVISION DEPARTMENT OF TEACHER EDUCATION		5. WORK STATION/PLACE OF WORK VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY																						
6.a. Pres. Approp. Act. Board Res./ Ord. No. Item No.	6.b. Prev. Approp. Act. Board Res./ Ord. No. Item No.	7.a. Salary Authorized: Actual:	7.b. Other Compensation;																					
8. OFFICIAL DESIGNATION OF POSITION		9. WORKING OR PROPOSED TITLE																						
10. WAPCO CLASSIFICATION OF THIS POSITION		11. OCCUPATIONAL GROUP TITLE (leave blank)																						
12. FOR LOCAL GOVERNMENT POSITION, CHECK GOVERNMENTAL UNIT AND UNIT'S CLASS																								
<table border="0" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">MUNICIPALITY</td> <td colspan="2" style="text-align: center;">CITY</td> <td colspan="3" style="text-align: center;">PROVINCE</td> </tr> <tr> <td style="text-align: center;">1ST</td> <td style="text-align: center;">2ND</td> <td style="text-align: center;">3RD</td> <td style="text-align: center;">4TH</td> <td style="text-align: center;">5TH</td> <td style="text-align: center;">6TH</td> <td style="text-align: center;">7TH</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>				MUNICIPALITY		CITY		PROVINCE			1 ST	2 ND	3 RD	4 TH	5 TH	6 TH	7 TH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attach additional sheet/s.																								
PERCENT OF WORKING TIME	DUTIES																							
85% 5% 5% 5% 100%	1. Teaches assigned subject and performs other teaching related functions, among others are the following a) Prepared teaching materials/guides and submit to department head b) Conducts examination (mid/final/long hours/quizzes) c) Checks test papers and return 1 week after exam d) Submits grade sheet and turn over class records to department head two weeks after final examination 2. Member in different committees 3. Participate in the co-curricular activities 4. Perform other functions assigned by the Department Head																							

14. POSITION TITLE OF IMMEDIATE SUPERVISOR

DEPARTMENT HEAD

15. POSITION TITLE OF NEXT HIGHER SUPERVISOR

COLLEGE DEAN

16. NAMES, TITLE AND ITEM NOS. OF THOSE YOU DIRECTLY SUPERVISE (If more than 7, list only by their item nos. and titles)

17. MACHINES, EQUIPMENTS, TOOLS, etc. used regularly in the performance of work.

LCD PROJECTOR, LAPTOP/ NETBOOK, COMPUTERS

18. CONTACTS

Occasional

Frequent

General Public

Other Agencies

Supervisors

Management

Others (Specify)

19. WORKING CONDITIONS

Normal working condition

Field Work

Field Trips

Exposed to varied

weather

Others (Specify)

20. I CERTIFY THAT THE ABOVE ANSWERS ARE ACCURATE AND COMPLETE.

NOVEMBER 9, 2015

DATE

HELMAR G. YONG

SIGNATURE OF EMPLOYEE

TO BE FILLED OUT BY IMMEDIATE SUPERVISOR

21. Describe briefly the general function of the Unit or Section.

22. Describe briefly the general function of the position.

23.a. Indicate the required qualifications by years and kind of education Considered in filling up a vacancy for this position. (Keep the position in mind rather than the qualifications of the present incumbent. This item should be filled for all positions other than teaching.)

Education: Masteral degree in the field of specialization.

Experience:

22.b. Licenses or Certificates required to do this work, if any.

23. I HEREBY CERTIFY THAT THE ABOVE ANSWER ARE ACCURATE AND COMPLETE.

NOVEMBER 9, 2015

DATE

LIJUEAN J. CUADRA
Head, DTE

SIGNATURE AND TITLE OF IMMEDIATE SUPERVISOR

24. APPROVED:

DATE

EDGARDO E. TULIN

HEAD OF AGENCY